

improved equity in access to and utilization of health services and the distribution of government health subsidies. The promotion of primary care and changes in government health resource allocation are key factors in improving equity in the health care system after UC.

PHPI4**STAKEHOLDERS' PERSPECTIVES ON IMPROVING ACCESS TO PRIMARY CARE**

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OBJECTIVES: Improving access to primary care is one of the top UK Government priorities. As part of a programme to achieve this target, Nottingham City Primary Care Trust (PCT) launched the "Pharmacy First Minor Ailments" scheme. People were encouraged to visit their local pharmacy to be treated for 12 minor ailments rather than visiting their doctor, treatment was free if they were exempt from National Health Service (NHS) prescription charges. This study investigated stakeholders' perspectives of the acceptability of the scheme. **METHODS:** Semi-structured interviews were conducted with 46 stakeholders (26 pharmacists, 7 doctors, 7 commissioners and 6 scheme users). Interviews were tape-recorded, transcribed verbatim and analysed for emerging themes using the principles of constant comparison and deviant case analysis. **RESULTS:** Findings demonstrated that the scheme was largely well received by most stakeholders. They perceived benefits of the scheme in terms of improving patient access and choice in primary care as well as being more convenient than visiting a doctor for minor ailments. Additionally, most health professionals felt that the scheme could enhance the professional image of pharmacy with the public. Most commissioners interviewed expressed the view that the scheme could reduce cost to the NHS, as pharmacist consultations cost less than GP consultations. Nonetheless, some were concerned about overuse or abuse the scheme. Examples of problems raised by the scheme users included the small range of medicines available, a lack of privacy in some pharmacies and the poor publicity for the scheme. These might all be barriers to the use of the scheme. **CONCLUSION:** Despite the reservations noted above, the majority of stakeholders saw the "Pharmacy First Minor Ailments Scheme" as a way to improve accessibility to primary care for local people and help the PCT to meet its NHS access targets.

PHPI5**IMPACT OF A DRUG POLICY ON AVAILABILITY AND DRUG COST CONTAINMENT IN A TERTIARY CARE HOSPITAL: 10 YEARS OF EXPERIENCE**

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OBJECTIVES: To study the impact of a drug policy on availability of essential drugs and cost containment in a neuropsychiatry tertiary care hospital. **METHODS:** The interventions consisted of selection of list of essential drugs and procurement through centralized pooled system in 1996–1997, followed by setting up of Drugs & Therapeutic Committee to review drug expenditure and prescribing pattern (1998). Analysis of the annual hospital budget, drug expenditure, availability of key drugs, stock-outs, and ABC analysis was done before (1994–1996) and after intervention (1997–2004). **RESULTS:** Average drug expenditure increased from 3.63% to 5.16% only after intervention while there was 5 fold rise in hospital patient attendance. Previous trend of rising annual drug expenditure was reversed immediately after interventions in 1997 for the first time as drug expenditure reduced by 47%, without any compromise on availability of key drugs which infact increased to 94.6%.

Despite high expenditure on key drugs (75.89%) mean availability was 67.48% but after intervention with the same expenditure (77.68%) it increased to 95.28%. Number of drugs out-of-stock decreased from 27.57% (also included vital drugs) to 19.57% of minor duration only and no stock out of vital drugs. ABC analysis revealed that before intervention only 3.33 drugs of the category A consumed 74% of the budget which increased markedly to 9.63 drugs consuming 79.53%. Analysis of top 10 drugs consumed showed reversal of previous trend of non-essential among top 10 drugs from 1998 onwards where only vital drugs represented top 10 drugs except in 2001 when buprenorphine appeared as top second drug. **CONCLUSIONS:** The present study showed effective containment of overall expenditure on drugs accompanied by increased availability of essential drugs is possible. These interventions serve to optimize the value of limited government funds and thereby empower and support government in making basic medicines available to all.

PHPI6**ATTITUDES TOWARD HOME CARE AMONG ACUTELY HOSPITALIZED PATIENTS IN HUNGARY**

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OBJECTIVES: Legally home care is a well-defined service in the Hungarian health care system since 1996. The utilization of home care services is examined by several cost-effective studies in Hungary although the attitude of the potential costumers in using this service not very well known. This study examines the acutely hospitalized patients' information about short time home care, and the subjective or objective obstacles in using this service more frequently. **METHODS:** A cross-sectional study design was used with anonymous self-fill in questionnaire among 248 acutely hospitalized patients in the medical, surgical and casualty ward of a county hospital in Hungary. The questionnaire used many time five point Likert type scales to find out patients' attitudes toward short-term home care. **RESULTS:** The response rate was 80%. The vast majority had some information about home care services (89%) although lots of people reported about having not enough information about it (78%). The majority of the respondents were over 50 years (61%). Among them the educational background was lower (58%) (elementary school, vocational education without GCSE) then in the other age groups. Respondents with low educational background had the fewer information related to home care. 12% of the respondents think that this type of care can not be realized in their home because of the inappropriate environment. Among those who find their environment appropriate for home care only 56,8% would use this service. **CONCLUSIONS:** Although the possibility for home care in Hungary is present those people who are at higher risk of being acutely hospitalized (50 year or over) are not aware of the content of this service and are against of asking for it in their home. With more patient education the use of this service could be widespread which could diminish the in-hospital days.

PHPI7**EFFICIENCY OF RHEUMATOLOGY HOSPITAL CARE: CHANGES IN THE AVERAGE LENGTH OF STAY IN RHEUMATOLOGY DEPARTMENTS IN HUNGARY**

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